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Feb 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000076798 (5)

1. Corporation Name
SKYLINE REALTY SERVICES, INC.



Principal Place of Business

601 RIVERSIDE AVE
BLDG II SUITE 650
JACKSONVILLE FL 32204
US

Mailing Address

601 RIVERSIDE AVE
BLDG II SUITE 650
JACKSONVILLE FL 32204-2955
US

3. Date Incorporated or Qualified
10/18/1994

3a. Date of Last Report
01/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-3274978

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHAW, RALPH L. JR.
2700 RIVERSIDE AVE.
SUITE 7
JACKSONVILLE FL 32204

81 Name Ralph L. Shaw, Jr.

82 Street Address (P.O. Box Number is Not Acceptable)

601 Riverside Avenue

83 Bldg II, Suite 650

84 City Jacksonville

FL

85 Zip Code

32204

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME SHAW, RALPH L. JR.
STREET ADDRESS 601 RIVERSIDE AVENUE BLDG II SUITE 650
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 32204

TITLE D
NAME THORNTON, JOHN T
STREET ADDRESS 601 RIVERSIDE AVE BLDG II SUITE 650
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 32204

TITLE D
NAME UIBLE, JOHN D
STREET ADDRESS 225 WATER ST., STE. 840
CITY-ST-ZIP JACKSONVILLE FL 32202

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME WINSTON, JAMES H
STREET ADDRESS 645 RIVERSIDE AVE., STE. 619
CITY-ST-ZIP JACKSONVILLE FL 32204

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME KING, THOMAS F JR.
STREET ADDRESS 505 LANCASTER AVE., APT. 5-B
CITY-ST-ZIP JACKSONVILLE FL 32204

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME THORNTON, J. PATRICK
STREET ADDRESS 1301 RIVERPLACE BLVD #1830
CITY-ST-ZIP JACKSONVILLE FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP 32207

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/97 (904)358-0900

CR2E034 (9/96)